

Lydia Lee Hawsey's
Employees:

Irene M. North
HEBER CITY—Irene Morris North, 85, died Nov. 11, 1985 at the home of a daughter, Mrs. Kay Welch in Heber City.
Born Jan. 20, 1900 in Elkhorn (Hollistone), Utah to Harry and Louisa Jones Morris. Married Glen Wayne North July 20, 1920 in Salt Lake City. He died Nov. 8, 1937. Member LDS church.
Survived by children, Mrs. Thomas (Gladys) Farrer, Mrs. Clarence (Kay) Welch and Glen North, all of Heber City; Mrs. Clyde (Evelyn) Rollins, Mapleton; Mrs. Glen (Erva) Roberts and Mrs. Roy (Lu Ann) Singleton, both of Provo; Mrs. Max (Dora) McAfee, Victorville, Calif.; Mrs. Leo (Glendell) Speirs, Vernal; Darrell North, Roosevelt; 26 grandchildren; 47 great-grandchildren; four great-great-grandchildren; brothers, Harry Hollistone Morris, Salt Lake City; Ray Morris, Roosevelt. Preceded in death by a brother, Joseph Morris.
Funeral service Thursday, 1 p.m. at the Heber 6th Ward Chapel. Friends may call at Olpin Mortuary, Wednesday, 7-9 p.m. and at the church Thursday prior to service. Burial Heber City Cemetery.
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CERTIFICATE OF DEATH STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER		STATE FILE NUMBER	
NAME OF DECEDENT FIRST MIDDLE LAST 1. IRENE NORTH		SEX 2. Female	RACE (White, Black, Am. Indian, etc.) 3. White
WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		DATE OF BIRTH (Month, Day, Year) 4. January 20, 1900	AGE (Last Birthday) 5. 85 Yrs.
BIRTHPLACE (State or foreign country) 6. Elkhorn, Utah		CITIZEN of what country 7. USA	EDUCATION—(Specify only highest grade completed) 8. College (13-16 or 17+)
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 9. Housewife		KIND OF BUSINESS OR INDUSTRY 10. Home	SOCIAL SECURITY NUMBER 11. 529-28-5190
NAME OF FATHER 12. HARRY MORRIS		MAIDEN NAME OF MOTHER 13. LOUISA JONES	NAME of surviving spouse (If wife, enter maiden name.) 14. GLEN WAYNE NORTH (deceased)
USUAL RESIDENCE—(Street address or location) 15. 55 North 4th East		CITY OR TOWN 16. Heber City	COUNTY 17. Wasatch
PLACE OF DEATH 18. 55 North 4th East (at home)		CITY OR TOWN 19. Heber City	COUNTY 20. Wasatch
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION 21. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at _____ HOUR _____ DATE _____ 22. PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below that I attended the decedent, and I last saw the decedent alive on _____ month _____ day _____ year _____ If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: M E Case No. _____		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE 23. <i>R. R. Green MD</i> 24. Dr. R. R. Green MD 25. 45 S. Main - Heber City, Utah 84032 26. Nov. 12, 1985 27. 2348	
FUNERAL DIRECTOR AND LOCAL REGISTRAR 28. Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other <input type="checkbox"/> 29. 11/14/85 30. Heber City Cemetery, Heber City, Utah		SIGNATURE OF Funeral Director 31. <i>Guy Olpin</i> 32. Olpin Mortuary - Heber City, Utah	
CAUSE OF DEATH 33. PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Respiratory Arrest</i> CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) <i>Hypertensive Cardiovascular Disease</i> (C) <i>10 yrs</i> 34. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. 35. IMMEDIATE CAUSE GIVEN IN PART I.		INTERVAL BETWEEN ONSET AND DEATH 36. <i>immed</i> 37. <i>10 yrs</i> 38. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 39. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
INJURY INFORMATION 40. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN. 41. <i>none</i> 42. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) 43. <i>none</i>		TIME OF INJURY (24 Hour Clock) 44. <i>none</i> 45. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 46. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.) 47. <i>none</i> 48. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 49. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 50. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.	